



Fort Madison IA Health Link Public Comment Meeting

Thursday, January 12, 2017

Time: 5 p.m. – 7 p.m.

Fort Madison Public Library

1920 Avenue E

Fort Madison, IA

Meeting Comments and Questions

IME/DHS Staff	MCO Representatives	MAAC Representatives
Lindsay Paulson - present	Amerigroup Iowa, Inc. - present	Cindy Baddeloo - present
Sean Bagniewski - present	AmeriHealth Caritas Iowa, Inc. - present	
Matt Highland - present	UnitedHealthcare Plan of the River Valley, Inc. - present	
Allie Timmerman - present		
Peter Crane – present		
Adrian Olivares – present		

Comments

Communications, Comments, and Commendations

A member commented that they were pleased with services provided by AmeriHealth Caritas. A provider commented that the MCO Provider Services customer service was good however their knowledgebase was poor. An Elderly Waiver Case Manager stated that they had seen progress in Case Management services and that they were improving as the year progressed. State representative mentioned that they have not gotten any complaints within the last 2-3 months from individuals but had received many issues in the beginning.

Billing, Claims and Credentialing

A provider stated they had not been paid by any of the MCOs for oxygen equipment. Iowa Medicaid had paid for oxygen services by the day and the MCOs were not able to tell the provider how to bill therefore the provider was not being paid for services provided. Payment for services rendered in April and May were also of concern as members were approved for PT and OT services but not for ST, or the services were not paid at the unit amount. Alternately, Claims for services between October 2016 and December 2016 had been received in a timely manner. The CFO of the organization had sent multiple emails to the MCOs regarding non-payment and the denial of services although the emails frequently did not receive a response. The provider also requested that DHS and the MCOs work together in the delay in HCBS waiver services due to a gap between a member's approval for waiver services and the start of their MCO coverage. It was suggested that there be a faster turnaround for the approval of waiver services and the start of MCO coverage. A case manager felt that the reason nursing homes would not accept particular MCOs may have to do with the payment issues. A State Representative affirmed that he had heard from providers that some of the prior billing issues had been taken care of however, providers were not being paid at the rate they had agreed upon with the MCOs and some of the claims had not been paid at all.

Prior Authorization

A Home Medical Equipment provider had sent in Prior Authorizations (PAs) for services that were said to require PAs on MCO websites and PA requirement lists however the MCOs responded that a PA was not required. Although MCOs had stated a PA was not required for a particular service, the claims for said services were being denied. Patients were required to wait for service authorizations for their oxygen equipment and services due to the timeliness of PA approvals or denials. Another provider stated that the MCOs were requiring PAs on a regular basis which required additional time filling out the PAs however, they had seen progress in the process and timeliness. The 1% increase that had been passed by CFR is not seen by the providers. Providers are being told that the MCOs are not required to pay the increase.

Services and coverage

Providers were being told that the MCOs would not pay for emergency medical transportation due to the member's enrollment in the Iowa Health and Wellness Plan although the services had been covered by Iowa Medicaid prior to implementation. A case manager expressed that some of the persons taking care of their parents on the Elderly Waiver were contemplating nursing home placement in the future, and a few of them had told the case manager that when investigating this, they were told by the nursing homes that the MCO would not accept the member's current MCO.

Questions

When will medical equipment policies get figured out?

Are members supposed to receive the same benefits following implementation?

Is it a new policy to have the member sign a document stating they may be responsible for the services if the services are not covered by Iowa Medicaid?